

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Indian Health Service

Refer to: Quality Assurance

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 87-1

QUALITY ASSURANCE PROGRAM

Sec.

1. Purpose
2. Objectives
3. Definitions
4. Functions and Responsibilities
5. Authority
6. Program Planning, Reporting, and Evaluation
7. Multi-system Quality Assurance Program
8. Risk Management Program
9. Utilization Review Plan

1. PURPOSE

The Indian Health Service (IHS) Circular establishes the objectives, functions, responsibilities, and authority of the Albuquerque Area Quality Assurance Program.

2. OBJECTIVE

To assure that quality assurance activities of the Albuquerque Area Indian Health Service are performed and that the highest possible quality and level of health care are met and maintained. The Area Director and shall (Governing Body of the Albuquerque Area) shall:

- A. Require that there be an established and documented Quality Assurance Program of each hospital and Health Center which at minimum, monitors the quality and appropriateness of patient care and clinical performance, provides for problem/deficiency identification and problem solving mechanisms.
- B. Assure that quality assurance activities of the Albuquerque Area Indian Health Service are performed and that highest possible quality and level of health care are met and maintained.
- C. Assure the monitoring of, and compliance to this policy.

2. OBJECTIVE (Continued)

- D. Assure that contractors of the Albuquerque Area Indian Health Service meet the IHS and Nationally recognized standards of quality health care requirements. (e.g., JCAH, HCFA).

The Albuquerque Area Indian Health Service shall operate a Comprehensive Quality Assurance and Utilization Review Program involving all services offered by the Albuquerque Area IHS.

3. DEFINITIONS

Quality Assurance (QA) – Includes the identification of levels of quality; measurement methodologies to describe the actual level of quality care delivered, and methodologies to change the practices necessary to ensure quality care is delivered and received. A comprehensive program in which all disciplines must be involved at various multi-disciplinary levels. Quality assurance is not the exclusive domain of a particular limited group of individuals who have been identified and assigned to coordinate the QA activities of IHS.

Functional Discipline – A functional division of the organization structure to provide health care and/or a service which is based on a body of knowledge specific to itself. Interchangeable terms – Program Officer or QA Team Member.

4. FUNCTIONS AND RESPONSIBILITIES

- A. The Area Quality Assurance Program Officer is responsible for monitoring the quality assurance/utilization review activities of all IHS facilities served by Albuquerque Area IHS Office. Quality Assurance Consultation is also provided to Tribal Health Programs. The Office of Quality Assurance will assist and guide the staff of Albuquerque Area IHS health facilities toward establishing, maintaining and/or improving systems of professional standard review, retrospective and concurrent or on-going monitoring and evaluation of patient care activities, utilization review and overall quality assurance programs.

Clinical Performance/Utilization Review: For both IHS practitioners and those private practitioners providing services under IHS contracts, the Albuquerque Area QA Program exercises a monitoring function through the tracking of: (a) Utilization review reports on hospital admissions/discharges and denial rates, (b) monitoring of selected indicators of health status, such as morbidity and mortality rates. The Area Quality Assurance Program Office will inventory, monitor existing systems, analyze deficiencies, assist in developing plans to correct the deficiencies and conduct follow-up procedures to assure the completion of corrective actions and their effectiveness.

4. FUNCTIONS AND RESPONSIBILITIES (Continued)

- B. Each Albuquerque Area IHS functional discipline will conduct program reviews and/or presurveys at Service Units at periodic intervals to determine compliance to standards and coordinate those findings with the AAIHS QA Program Office.
1. Facility/System Review: Each functional discipline will be applying formalized accreditation standards from JCAH, HCFA, CAP and other organized review entities in their respective areas of expertise. The AAIHS QA Program seeks to assure maximum compliance in terms of clinical facilities, equipment, and quality health care delivery systems.
 2. For those professions requiring credentialing and licensing, each Service Unit, with the assistance of the functional discipline Area Program Officer, will follow standard procedures for credentialing of IHS practitioners, licensing requirements and the granting of staff privileges and assess clinical skills and supplemental training needs. As additional standards for other disciplines of health care professionals are reviewed and accepted by IHS, the implementation of credentialing/licensing for those additional professions would fall within the responsibility of each Service Unit and/or functional discipline.

5. AUTHORITY

The Area Quality Assurance Program Officer is directly responsible to the Chief, Patient Care Programs Branch, Albuquerque Area Indian Health Service; and has delegated line authority to take appropriate action in assuring that deficiencies identified at any of the Albuquerque Area health facilities by accreditation agencies or Area Officer staff are corrected. The Area Quality Assurance Program Officer has delegated line authority in coordinating implementation of appropriate action in assuring that the highest possible quality and level of health care are met and maintained by all Albuquerque Area IHS facilities.

6. PROGRAM PLANNING, REPORT AND EVALUATION

- A. Planning: Quality assurance is a developing art with constantly changing demands. The Albuquerque Area IHS QA Program will be monitoring health status and clinical service trends which relate to changing QA needs. This program will work closely with appropriate disciplines in recommending changes in the Quality Assurance Program.
- B. Reporting: Major accountability and responsibility for day-to-day QA activities lies with the Service Unit staff and to report pertinent and significant QA findings and activities to the Albuquerque Area Governing Body (via the Area QA

6. PROGRAM PLANNING, REPORT AND EVALUATION (Continued)

Program Office) as specified in the Service Unit Quality Assurance Plans. Additional lines of reporting and communication of quality assurance activities may be established as necessary.

- C. Evaluation: Albuquerque Area IHHS Quality Assurance/Utilization Review/Risk Management Programs will be reappraised on an annual basis to assure the program is achieving its objectives, is cost-efficient, consistent with accrediting agencies' requirements and to improve methods of quality assessments.

Service Units will also conduct annual reappraisal of their Quality Assurance Programs as specified in their QA plans and submit final evaluations to the Area Quality Assurance Program Office.

7. SERVICE UNIT MULTI-SYSTEM QA PROGRAM

- A. Each Service Unit and its satellite components will maintain an operative written Quality Assurance Program Plan. Service Unit QA Programs will be problem solving oriented, meet accrediting agency standards, and be specific as to Service Unit staff responsibilities and authorities.
- B. The Service Unit QA Program will have defined within its Utilization Review Plans an integration of utilization review functions specified in the current contract and Memorandum of Understanding which exist with the Peer Review Organization.
- C. The AAIHS Quality Assurance program will monitor Service Unit QA Plans to be assured that on-going monitoring and problem solving mechanisms are effective and that QA activities are comprehensive and integrated.
- D. Service Units' input may be required to continually research on improving and/or standardizing on-going monitoring/peer review mechanisms where feasible, in an attempt to experiment with the multi-system QA Program; to make processes effective, efficient and possibly prevent duplication of efforts.

8. RISK MANAGEMENT PROGRAM

PHILOSOPHY:

Every hospital/health center of the Indian Health Service is committed to provide the highest possible quality of care in an environment that is of minimal risk to its patients, visitors, employees, and medical staff. Essential to the achievement of the objective is

8. RISK MANAGEMENT PROGRAM (Continued)

PHILOSOPHY:

risk management, its systematic process of identifying, evaluating, and addressing potential and actual risk.

The emergence of risk management as an operational component of Quality Assurance Program is the result of a variety of factors, such as the increased use of hospital services, rising hospital cost, government, and self-policing, greater patient expectations, adverse claims experience, higher court settlements, escalating insurance premiums, and the need for self-insurance and risk assumption programs. The factors that mandate risk management programs in hospitals today will have an even greater impact in the future.

OBJECTIVES:

Risk management programs as an integral part of Quality Assurance Program shall provide a visible focal point and appropriate institutional perspective by:

- A. Enhancing the quality and standard of care.
- B. Minimizing the risk of medical or accidental injuries, and losses.
- C. Achieving liability cost containment and economic protection.
- D. Increasing employee and staff acceptance of and participating in the risk management program.
- E. Coordinating and integrating current policies, functions, programs, and committees in the risk management processes.
- F. Improving program effectiveness and efficiency through administrative direction and control.

FUNCTIONS AND RESPONSIBILITIES:

The many varied facets of the Risk Management Program functions and responsibilities include, but are not limited to:

- A. Risk detection procedures, including analysis of quality assurance data, incident reports, patient and staff complaints, malpractice claims, inspections of the physical plant, preventive maintenance, staff development, and audits of policies and procedures.

8. RISK MANAGEMENT PROGRAM (Continued)

FUNCTIONS AND RESPONSIBILITIES:

- B. Delineation and assignment of staff level functions in gathering risk management data.
- C. Encouragement of physicians to report incidents and instances of inappropriate care.
- D. Administrative responsibility for risk management through delegated authority of Quality Assurance Committee functions.
- E. Centralization for the coordination and integration of risk management activities with quality assurance.

GUIDELINES:

Indian Health Service Headquarters, Albuquerque Area IHS, and Service Unit policies, directives, manual issuances, and local policies and procedures are available as guidelines to follow in coordinating Risk Management Programs. Such policies include, but are not limited to:

- A. Chapter 6 – Program Administration, 1-6.3 Reporting of Potential Trouble Spots, 1-6.4 Incident Report – HRSA-123 Clinical Record.
- B. TN-81-3 Services to Indians and Others, AAO IHS Manual, Patient's Bill of Rights, and E, Patient Grievances.
- C. TN-85-13 Services to Beneficiaries and Others (Part 23), AAO IHS Manual, Contract Health Services Referral, and Payment Policy – 2.3.8.C Policy: III. Appeals Records. Federal Register, Vol. 43, No. 151, 36.25 Reconsideration and Appeals.
- D. Part 5 Management Services, Chapter 3-Office Services, AAO IHS Manual, 5-3.2.2 Reporting Employee Injuries, 5-3.3.1 Safety Practices and Fire Prevention, and 5-3.3.5 Safety Practices – Office of Environment Health.

9. UTILIZATION REVIEW PLAN

BACKGROUND:

The Albuquerque Area Indian Health Service provides medical services to eligible Indian people within the States of New Mexico, Colorado, and Utah. Many of the beneficiaries

9. UTILIZATION REVIEW PLAN (Continued)BACKGROUND:

of the AAIHS live in rural, inaccessible areas of these states and do not have access to ready transportation, adequate housing, or outside assistance in the home; therefore, many individuals admitted to facilities of the AAIHS are retained in those facilities for longer periods of time than other citizens of these states who enjoy greater and freer access to transportation, housing, and outside assistance in the home.

PURPOSE:

To insure that all hospital admissions of Native American beneficiaries of the Indian Health Service within the Albuquerque Area IHS, whether Title V, Title XVIII, or Title XIX, direct or indirect service, are reviewed for appropriate and efficient utilization of resources.

GOAL:

The effective and efficient utilization of resources and the provision of high quality medical care within the facilities of the Albuquerque Area IHS.

OBJECTIVES:

- A. Unauthorized utilization not to exceed 1% of authorized days.
- B. Inappropriate level of care days not to exceed 1% of appropriate level of care days.

RESPONSIBILITIES AND AUTHORITIES: New Mexico Medical Review Association

The New Mexico Medical Review Association (NMRA) conducts retrospective review on level of care, medical necessity, appropriateness and quality of care of all Title V, Title XVIII, and Title XIX eligibles admitted to the hospitals of the Albuquerque Area IHS according to methods and standards established by NMMRA.

The hospitals of the Albuquerque Area IHS function in a non-delegated capacity.

The NMMRA conducts DRG validation in order to determine that all diagnosis and surgical procedures as well as other factors significant to the Diagnostic Related Grouping (DRG) assignment as submitted to the Fiscal Intermediary are substantiated by the medical record and that the attending physician's attestation statement was properly entered and in the correct format as required by Federal Regulations prior to billing.

9. UTILIZATION REVIEW PLAN (Continued)

RESPONSIBILITIES AND AUTHORITIES: New Mexico Medical Review Association

The NMMRA will adhere to the timeliness of review mandates as required by Health Care Financing Administration (HCFA), which includes the institution of sanction proceedings in the event that the provider fails to resolve problems as identified by NMMRA.

The application of Waiver of Liability Provision will be determined by the NMMRA and reported to the Fiscal Intermediary for each case in which the NMMRA makes an adverse determination.

As part of the required contractual obligations with the HCFA as the Professional Review Organization, the NMMRA will carry out a Preadmission Review (PAR) Program. Certain procedures will require a PAR and approval for reimbursement.

The NMMRA will provide hospitals with copies of the NMMRA Preadmission Review Procedures and a listing of procedures requiring Preadmission Review. The NMMRA does not require PAR review for emergency surgery admissions. The NMMRA is, however, required by HCFA to review 100% of permanent cardiac pacemaker implantation and reimplantations regardless of the emergency nature of such procedure.

RESPONSIBILITIES AND AUTHORITIES: Service Units

Appropriate Service Unit Committee shall review hospital utilization on a regular basis determined by the Service Units to identify problems and document the impact of corrective actions.

Utilization review findings, recommendations, and actions of the committee shall be communicated by the Clinical Director to the Quality Assurance Committee on a regular basis for further review and action as necessary.

The Service Unit Utilization Reviewer of an AAIHS hospital shall: (1) Prepare an admissions abstract for certification of stay of an admission to an AAIHS hospital on the first working day following the admission; (2) prepare recertification abstracts at the appropriate times; (3) assist the medical, dental staff in resolving denial cases by providing additional information as necessary in the certification process; and (4) assist the certifying agencies in the conduct of DRG validation procedures.

The Service Unit Utilization Review Physician Advisor shall assist the Service Unit Utilization Reviewer in the certification and recertification process. The members of the medical and dental staff shall share in this duty through selection mechanisms determined by Service Units.

9. UTILIZATION REVIEW PLAN (Continued)RESPONSIBILITIES AND AUTHORITIES: Service Units

The Service Unit Discharge Planner of a hospital of the AAIHS shall be notified of all admissions to the hospital by the admissions office on the first working day following admission. The Discharge Planner shall initiate discharge planning at that time.

MEETINGS:

The committee shall meet on a regular basis as determined by the Service Units.

Utilization review activities shall be reflected in the minutes of the committee. The minutes shall identify individual cases by unit number. The minutes shall indicate all activities, conclusions, and recommendations as well as the findings of DRG validations and other reports or documents considered by the committee.

CONFLICT OF INTEREST:

No person involved in the care of a patient, or with a financial interest in the patient, shall participate in the Utilization Review of that patient.

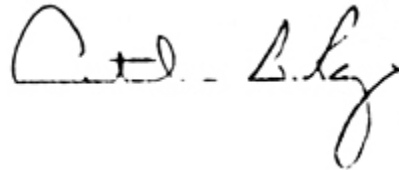
PRIVACY ACT/CONFIDENTIALITY:

The Utilization Review findings are subject to the Privacy Act of 1974.

REVIEW AND REVISION:

Service Unit Utilization Review Plans shall be reviewed and revised, as necessary, on an annual basis.

Signed 3/30/87

A handwritten signature in black ink, appearing to read "Arthur Ray", is written over a horizontal line.

Arthur Ray
Acting Director, Albuquerque Area
Indian Health Service